COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION (Includes PCT)

Attorney Docket No. 66376-365-7

MAR 2 0 ZUUB

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE AND	METHOD FOR THE C	ONTINUOUS NON-INVA	SIVE MEASURE	MENT OF BLOOD	PRESSURE
the specification of	of which (check one):	[] is attached hereto.			
[X] was filed on _	SEPT. 29, 2005 as	s Application Serial No.	10/551,189	and wa	is amended
on	·				
		tion no.		(if applicable).	_ And was
amended und	er PCT Article 19 on	· · · · · · · · · · · · · · · · · · ·	_·	(ii applicable).	
	t I have reviewed and u ended by any amendme	inderstand the contents on treferred to above.	of the above-iden	tified specification,	including
	e duty to disclose inforn e of Federal Regulations	mation which is material s, §1.56.	to the patentabili	ty of this applicatio	on in accordance
my or our inventio thereof or more the States of America subject of an inver	n thereof, or patented or nan one year prior to th more than one year pr ntor's certificate issued b	med invention was ever keep to described in any printed in any printed his application, that the strior to this application, the defore the date of this application in my legal representative	d publication in any same was not in hat the invention hat the invention had plication in any co	y country before my public use or on sa nas not been paten untry foreign to the	y or our inventior ale in the United ited or made the United States o
inventor's certifica	ate listed below and hi	er Title 35, United States ave also identified belo of the application(s) on wi	ow any foreign a	pplication for pate	n(s) for patent o
Prior Foreign Appl	_	,, ,,			y Claimed
A 509/2003	AUSTRIA	1 API	RIL 2003	[x]	[]
(Number)	(Country)		onth/Year Filed	Yes	No
				[]	ri
(Number)	(Country)	Day/M	lonth/Year Filed	Yes	No
				[]	[]
(Number)	(Country)	Day/M	lonth/Year Filed	Yes	No
I hereby claim the listed below:	benefit under Title 35,	United States Code, §1	19 (e) of any Unit	ed States provisior	nal application(s
Application No.	Day/Month/Year File	ed Application	No. Da	y/Month/Year Filed	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date		Status (patented, pendi	ng, abandoned)
Application Serial No.	Filing Date		Status (patented, pendi	ng, abandoned)
I hereby appoint the registered application and to transact all calls to telephone no. (202) 906	business in the Pa	tent and Trademark O		
Address all correspondence to 20005-3306.	Dykema Gosset	tt PLLC, Suite 300 W	/est, 1300 I Street, N.	W., Washington, D.C
I hereby declare that all state information and belief are belief willful false statements and the Title 18 of the United States Comp patent issued thereon.	eved to be true, are like so made are	nd further that these st punishable by fine or	atements were made vimprisonment, or both,	vith the knowledge that under Section 1001 o
Full Name of First Joint Inventor Falko SKRABAL		Inventor's Signature		Date 3007 12 10
Residence:		(D) (R)	m Mill	Citizenship Austrian
Lindenhofweg 16, A-8043	GRAZ, AUSTRIA	4 YI AV	VI O Vacc	
Post Office Address: Same as above				
Full Name of Second Joint Inventor Jürgen FORTIN	or	Inventors Signature		Date
Residence: Baumkircherstrasse 1, A-	8020 GPAZ AUS	STRIA	V	Citizenship Austrian
Post Office Address:	oozo Groz, Ade			
Same as above				' '
Full Name of Third Joint Inventor		Inventor's Signature		Date
Residence:		L		Citizenship
Post Office Address:				
Full Name of fourth Joint Inventor		Inventor's Signature		Date
Residence:		<u> </u>		Citizenship
Post Office Address:				
Full Name of fifth Joint Inventor		Inventor's Signature		Date
Residence:				Citizenship
Post Office Address:				